



DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK,
MD 21702-5012

REPLY TO
ATTENTION OF

MCMR-RCQ

20 February 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy, 2003-01, USAMRMC Licensure, Credentialing and Privileging Program

1. Reference:

- a. Command Policy 2001-01, Professional Licensure, is being superceded by this policy.
- b. Command Policy 2002-01, Approval Authority for Physician "Applications of Request for Waiver of Administrative Licensure Requirements.
- c. Medical Services Quality Assurance Administration – Army Regulation 40-68, 20 December 1989
- d. Medical Services Nonphysician Healthcare Providers – Army Regulation 40-48, 7 November 2000.
- e. U.S. Army Medical Command Basic Credentialing and CCQAS Training Manual, June 17 –21, 2002.
- f. Centralized Credentials Quality Assurance System (CCQAS) Training Guide, 16 July 2002.

2. Purpose. This memorandum establishes the U.S. Army Medical Research and Materiel Command (USAMRMC) policy for ensuring that the Licensure, Credentialing and privileging requirements per AR 40-68 are met.

3. Applicability and Scope. This memorandum is applicable to all USAMRMC personnel appointed as the POC for Licensure, Credentialing and Privileging.

4. Policy. The POC for Licensure, Credentialing and Privileging at WRAIR, USARIEM, USAISR, USAMRICD, USAARL, USAMRIID, USAMMA, USAMRAA, USAMMDA, USAMMCE, USAHFPA, USAMISSA, USAMRMC, HQ will adhere to the USAMRMC Licensure, Credentialing and Privileging Program. USAMRMC, HQ Licensure, Credentialing and Privileging POC will provide further guidance on the implementation of this policy.

5. History. This is a revised credentialing and privileging policy for USAMRMC Healthcare Personnel. USAMRMC-RCQ revised the drafted plan, dated 4 June 2001, to take into account information from the discussion with the MEDCOM staff LTC Janet Wilson and LTC Helen Gant on 13 December 2001 and comments submitted by the USAMRMC subordinate commands with regard to the 8 March 2002 version. This plan was further revised and distributed to

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USAMRMC MSCs' Licensure, Credentialing and Privileging Coordinator as well as to LTC Helen Gant (MEDCOM Quality Management Office (QMO) staff) on 16 August 2002. On 9 September 2002, LTC Janet Wilson, Chief, Regulatory Compliance and Quality for MEDCOM QMO, visited USAMRMC, HQ Credentialing Office and provided comments to the 16 August 2002 version. The contents of this document reflect the comments from the reviewers at USAMRMC MSCs as well as comments from LTC Janet Wilson, MEDCOM QMO.

6. List of Assumptions:

- a. Overseas, clinically privileged Healthcare Personnel will comply with their designated Medical Treatment Facility's privileging requirements.
- b. USAMRMC will utilize the designated Department of Defense (DoD) Medical Treatment Facility's credentialing committee to clinically privilege assigned Healthcare Personnel.
- c. USAMRMC will develop authorizing bodies to grant research privileges to researchers performing clinical trials.

7. Background of USAMRMC:

a. The United States Army Medical Research and Materiel Command (USAMRMC) oversees 12 subordinate commands located throughout the United States. Headquartered at Fort Detrick, MD, the USAMRMC operates six medical research laboratories and institutes in the United States with detachments located domestically and overseas. The six medical research facilities are U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), Fort Detrick, MD; Walter Reed Army Institute of Research (WRAIR), Washington, D.C.; U.S. Army Medical Research Institute of Chemical Defense (USARICD), Aberdeen Proving Ground, MD; U.S. Army Research Institute of Environmental Medicine (USARIEM), Natick, Mass.; U.S. Army Aeromedical Research Laboratory (USAARL), Fort Rucker, AL.; and U.S. Army Institute of Surgical Research (USAISR), Fort Sam Houston, TX. These laboratories make up the core science and technology capability of the Command.

b. The medical research areas include development of vaccines, prevention and treatment of tropical diseases, chemical and biological weapon defense, military trauma, and human responses to environmental stressors and occupational situations and testing of military equipment. Medical research activities encompass both administrative and clinical or technical duties related to human, laboratory, and animal research. Healthcare Providers in USAMRMC are assigned to administrative duties, which may include, but are not limited to regulatory affairs, quality assurance, management of the life cycle of a medical research product, and regulatory policy development. Clinical assignments at USAMRMC include Principal Investigators and Medical Monitors involved in medical research where healthy and unhealthy subjects in primarily outpatient research protocols participate.

c. There are no Medical Treatment Facilities (MTF) within USAMRMC for which USAMRMC is the privileging authority. Many USAMRMC Healthcare Providers choose to perform clinical duties at a MTF. However, in some cases, USAMRMC Healthcare Providers perform clinical duties at a civilian hospital because there is no MTF local to the Healthcare Professional's

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USAMRMC duty station. Some USAMRMC Healthcare Providers do not perform any clinical duties.

d. The Command also operates six subordinate units exclusively focused on medical research materiel development, contracting, medical logistics management, health facility planning, and information management and technology. The six subordinate units are U.S. Army Health Facility Planning Agency (USAHFPA), Falls Church VA, U.S. Army Medical Materiel Development Activity (USAMMDA), Fort Detrick, MD, U.S. Army Medical Research Acquisition Activity (USAMRAA), Fort Detrick, MD, U.S. Army Research Medical Materiel Agency (USAMMA), Fort Detrick, MD, U.S. Army Medical Information Systems and Services Agency (USAMISSA), Fort Detrick, MD, and U.S. Army Medical Materiel Center, Europe (USAMMCE).

8. Definitions:

a. Healthcare Personnel (AR 40-68). Personnel involved in the delivery of Healthcare.

(1) Healthcare Provider (HCP) (AR 40-68). Providers of direct patient care services.

(a) Nonphysician Healthcare Providers (AR 40-48). Military or civilian personnel, other than doctors of medicine or osteopathy, who are authorized and responsible for determining, starting, or altering the regimen of medical treatment provided to a patient whether on a routine or occasional basis.

(b) Practitioner (AR 40-68). Military or civilian HCPs, given privileges (privileged) to diagnose, initiate, alter, or terminate Healthcare treatment regimens. This definition includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, podiatrists, optometrist, clinical social workers, clinical psychologists, and physician assistants. When given individual clinical privileges, personnel from the following professions may also be included: physical therapists, occupational therapists, audiologists, clinical dieticians, clinical pharmacist, and speech pathologists.

9. Responsibilities:

a. The Laboratory/Institute Commander at WRAIR, USARIEM, USAISR, USAMRICD, USAARL, USAMRIID, USAMMA, USAMRAA, USAMMDA, USAMMCE, USAHFPA, USAMISSA, USAMRMC, HQ will:

(1) Ensure that Healthcare Personnel within their laboratories/institutes are in compliance with the USAMRMC Licensure, Credentialing and Privileging Program.

(2) Appoint an individual to be the Licensure, Credentialing and Privileging POC who will ensure the compliance to the USAMRMC Licensure, Credentialing and Privileging Program and AR 40-68.

b. The Licensure, Credentialing and Privileging POC at USAMRMC, HQ (USAMRMC, RCQ/QA) will implement and execute a licensure, credentialing and privileging program that

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fulfills the requirements of AR 40.68, Quality Assurance Administration and this policy. The POC will:

(1) Ensure the compliance of the licensure, credentialing and privileging requirements of all Healthcare Personnel assigned to USAMRMC.

(2) Have the overall responsibility for the tracking and monitoring of licensure, credentialing, and privileging requirements for Healthcare Personnel assigned to WRAIR, USARIEM, USAISR, USAMRICD, USAARL, USAMRIID, USAMMA, USAMRAA, USAMMDA, USAMMCE, USAHFA, USAMISSA and USAMRMC, HQ.

(3) Attend MEDCOM Quality Management Office (QMO) delivered training in Centralized Credentialing and Quality Assurance System (CCQAS) version 2.6.

(4) Retrieve a monthly Medical Occupational Data Systems (MODs) report to ascertain all USAMRMC assigned Healthcare Personnel are accounted for in USAMRMC's Licensure, Credentialing and Privileging Program.

(5) Ensure assigned Healthcare personnel being managed, monitored and tracked by USAMRMC, HQ, in/out -process IAW with USAMRMC, HQ guidelines, which includes compliance to the Implementing Guidance for Permissible Waivers of State Physicians Licensure When Administrative or Financial Requirements are In Harmonious with Federal Policy (ASD[HA] Memo, 14 May 99) as well as the guidance on Renewal Fees for physicians.

(6) Ascertain licenses, Practitioner Credentials Files (PCFs) and Basic Life Support (BLS) training and certification exist and are compliant for all assigned Healthcare Personnel, as appropriate (Appendix A).

(7) Provide the MSC's Licensure, Credentialing and Privileging POC access privileges to CCQAS to ensure assigned healthcare personnel CCQAS records are accurate and current.

(8) Provide applicable training on CCQAS and elements of the USAMRMC Licensure, Credentialing and Privileging Program, as appropriate.

(9) Ensure assigned Healthcare Personnel are captured in CCQAS and PCFs are maintained and managed, as appropriate. NOTE: The original PCF will only be transferred to and from Army credentialing/privileging facilities. Air Force and Navy will receive either an Interfacility Credential Transfer Brief (ICTBs), and/or a copy of the PCF, as appropriate. Non-DoD facilities will receive a copy of the PCF or an agreed upon variation only, as appropriate and as requested (Appendix B).

(10) Ensure the PCFs are maintained and managed with the required and appropriate credentialing documentation (Appendix C).

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(11) Review licensure, credentialing, and privileging data and documentation at WRAIR, USARIEM, USAISR, USAMRICD, USAARL, USAMRIID, USAMMA, USAMRAA, USAMMDA, USAMMCE, USAHFPA, and USAMISSA during staff assistance visits.

(12) Support MEDCOM QMO in the reconciliation of licensure, credentialing, and privileging data of USAMRMC's Healthcare Personnel by working with the USAMRMC MSCs' Licensure, Credentialing and Privileging POCs.

(13) Forward names of Healthcare Personnel privileged at a Navy or Air Force MTF to MEDCOM QMO, when required.

(14) Upon the Healthcare Personnel's PCS date, forward or ensure the PCF is forwarded IAW AR 40-68 before the Healthcare Personnel's reporting date to the Commander and/or Credentialing Coordinator of the receiving facility by return mail, return receipt requested.

(15) Upon the Healthcare Personnel retiring from the military and/or civilian service, process the Healthcare Personnel's records IAW AR 40-68.

(16) Ascertain that MTFs and civilian MTFs report adverse privileging actions against USAMRMC's assigned Healthcare Personnel to the USAMRMC, HQ's Licensure, Credentialing and Privileging POC and the respective USAMRMC MSC Commander, promptly.

(17) Notify the Commanding General, USAMRMC, promptly, about the adverse privileging actions, to include details, brought against the assigned Healthcare Personnel.

(18) Initiate the appeal of the decision regarding adverse privileging actions, on behalf of the assigned Healthcare Personnel, IAW AR 40-68, when applicable.

(19) Ensure the Commanding General, USAMRMC is promptly informed of final adverse privileging actions (to include details) brought against USAMRMC assigned Healthcare Personnel.

c. The Licensure, Credentialing and Privileging POCs at WRAIR, USARIEM, USAISR, USAMRICD, USAARL, USAMRIID, USAMMA, USAMRAA, USAMMDA, USAMMCE, USAHFPA, USAMISSA will:

(1) implement a licensure, credentialing and privileging program that fulfills the requirements of AR 40.68, Quality Assurance Administration and the USAMRMC's Licensure, Credentialing and Privileging Program (document the specifics of your program, to include third parties who may perform the licensure credentialing and privileging functions on your behalf).

(2) Have the overall responsibility for the tracking and monitoring of licensure, credentialing, and privileging requirements for Healthcare Personnel assigned to their respective organizations.

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(3) Attend MEDCOM delivered training in Centralized Credentialing and Quality Assurance System (CCQAS) version 2.6 and/or an alternate version, as appropriate.

(4) Retrieve a monthly Medical Occupational Data Systems (MODs) report to ascertain all assigned Healthcare Personnel are accounted for.

(5) Ensure that a process is in place to in/out-process assigned Healthcare personnel, which includes compliance to the Implementing Guidance for Permissible Waivers of State Physicians Licensure When Administrative or Financial Requirements are In Harmonious with Federal Policy (ASD[HA] Memo, 14 May 99) as well as the guidance on Renewal Fees for physicians.

(6) Ascertain licenses, Practitioner Credentials Files (PCFs) and Basic Life Support (BLS) training and certification exist for all assigned Healthcare Personnel, as appropriate (Appendix A).

(7) Ensure assigned Healthcare Personnel are captured in CCQAS and PCFs are maintained and managed, as appropriate. NOTE: The original PCF will only be transferred to and from Army credentialing/privileging facilities. Air Force and Navy will receive either an Interfacility Credential Transfer Brief (ICTBs), and/or a copy of the PCF, as appropriate. Non-DoD facilities will receive a copy of the PCF or an agreed upon variation only, as appropriate and as requested (Appendix B).

(8) Ensure the PCFs are maintained and managed with the required and appropriate credentialing documentation (Appendix C).

(9) Ensure the credentialing module within the CCQAS application where the assigned Healthcare Personnel are entered, as appropriate, is current and accurate.

(10) Support and provide assistance to USAMRMC, HQ POC (MRMC RCQ/QA) in the reconciliation of licensure, credentialing, and privileging data of USAMRMC Healthcare Personnel.

(11) Provide names of Healthcare Personnel privileged at a Navy or Air Force MTF to USAMRMC, HQ POC (USAMRMC RCQ/QA) (on an update basis).

(12) Upon the Healthcare Personnel's PCS date, forward or ensure the PCF is forwarded IAW AR 40-68 before the Healthcare Personnel's reporting date to the Commander and/or Credentialing Coordinator of the receiving facility by return mail, return receipt requested.

(13) Upon the Healthcare Personnel retiring from the military and/or civilian service, forward the names of these individuals to USAMRMC, HQ Credentialing Coordinator.

(14) Ascertain that MTFs and civilian MTFs report adverse privileging actions against assigned Healthcare Personnel to the USAMRMC, HQ's Licensure, Credentialing and Privileging Coordinator and to the Commander of your organization, promptly.

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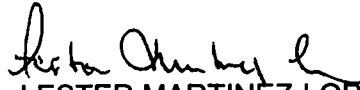
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(15) Ensure USAMRMC, HQ's Licensure, Credentialing and Privileging Coordinator is promptly informed of final adverse privileging actions (to include details) brought against the assigned Healthcare Personnel.

(16) Provide assistance and support to the Licensure, Credentialing and Privileging POC at USAMRMC, HQ, in the administration and sustainment of the USAMRMC Licensure, Credentialing and Privileging Program, relative to assigned Healthcare Personnel.

10. The POC for this action is LTC Laura R. Brosch, Deputy, Office of Regulatory Compliance and Quality at DSN 343-7802, commercial (301) 619-7802, email laura.brosch@det.amedd.army.mil.

3 Encls


LESTER MARTINEZ-LOPEZ
Major General, MC
Commanding

DISTRIBUTION:

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APPENDIX A

License Required or other Authorizing Documentation	Requires a PCF	BLS Training and Certification
<ul style="list-style-type: none"> • Physicians • Dentists • Nurses (registered, practical, vocational) • Clinical Psychologists • Pharmacists • Podiatrists • Optometrists • Dental Hygienist • Physical Therapists • Social Workers • Audiologists • Clinical Dieticians • Occupational Therapists • Speech Pathologists • Physician Assistants 	<ul style="list-style-type: none"> • Practitioners <p>NOTE: (prior to appointment to the military, civil service, consultant status, foreign national local hire, or as a contract practitioner, a verification of education, training, experience, licensure and/or certification and/or registration and current competence will be completed to initiate a PCF. The PCF will be kept for the entire service career of the military practitioner and will be kept for the entire period of work within the AMEDD for civilians)</p>	<ul style="list-style-type: none"> • All Healthcare Personnel (civilian or military) assigned, or subject to reassignment, to duties involving the provision of diagnostic or therapeutic direct patient care will possess and maintain basic life support (BLS) certificate of training. Personnel in administrative, maintenance, housekeeping, and other non-direct patient care positions do not require BLS training unless directed by the MTF commander. Others may be excluded from this requirement on a case-by-case basis at the discretion of the MTF commander. Said exceptions will be documented. (Latest draft AR-40-68)

APPENDIX B

If Healthcare Personnel is	Is Healthcare Personnel privileged in a DoD Facility	Is Healthcare Personnel privileged in a Civilian Facility	Who Manages the Healthcare Personnel in CCQAS	Who maintains and manages the PCFs	What the DoD/Non-DoD TDY (clinical) facility receives	What the Civilian Facility receives
Administratively Assigned to a USAMRMC facility	Yes ⁽¹⁾	Yes and No	DoD Credentialing/Privileging UIC	DoD Credentialing/Privileging UIC or DoD Assigned UIC ⁽³⁾	ICTB from the DoD Credentialing/Privileging UIC (provided the facility has CCQAS v 2.6) or a copy of the PCF or an agreed upon variation, as appropriate	If privileged, a copy of the PCF or an agreed upon variation, as appropriate and if requested. If not privileged, "N/A".
Administratively Assigned to a USAMRMC facility	No	No	Assigned UIC	Assigned UIC	The Healthcare Personnel will need to seek privileges from a DoD credentialing/privileging UIC, at which time, that UIC will forward an ICTB to the clinical TDY facility (provided the facility has CCQAS v 2.6) or a copy of the PCF or an agreed upon variation, as appropriate	N/A
Clinically (research based) Assigned to a USAMRMC facility	Yes and No ^{(1) (2)}	Yes and No	DoD Credentialing/Privileging UIC	DoD Credentialing/Privileging UIC ⁽³⁾	ICTB from the DoD Credentialing/Privileging UIC (provided the facility has CCQAS v 2.6) or a copy of the PCF or an agreed upon variation, as appropriate	If privileged, a copy of the PCF or an agreed upon variation, as appropriate and if requested. If not privileged, "N/A".

Note: (1) If privileged in more than one DoD facility, the Healthcare Personnel will designate a primary credentialer/privileger to manage their CCQAS record, preferably an Army UIC if branch of service is Army, or Air Force if branch of service is Air Force, or Navy if branch of service is Navy. (2) Healthcare Personnel who can execute his/her duties without needing privileges, e.g., Pharmacist. (3) All original PCFs for members of the Army, assigned to USAMRMC and Army/Non-Army privileged will be maintained by USAMRMC; non-Army privileged UICs will receive a copy of the PCF or an agreed upon variation. Original PCFs for Non-Army members privileged and/or assigned to an Army facility is determined by their branch of service; at a minimum retrieve a copy of the PCF or a variation.

APPENDIX C

PCF Checklist

Section 1				
Item	ON Hand	Pending	PSV	Remarks
Current ITCB (while on tour)	<input type="checkbox"/>	<input type="checkbox"/>		
Authorization for Release of Information	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 5753-R (USAR/ARNG Application for Clinical Privileges to Perform Active/Inactive Duty Training) (Optional)	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 4691-R (Initial Application for Clinical Privileges)	<input type="checkbox"/>	<input type="checkbox"/>		
DA Photo (Optional)	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 5440-R (Delineation of Privileges) current	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 5441-R (Evaluation of Privileges) current	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 4692-R (Clinical Privileges Annual Evaluation) current	<input type="checkbox"/>	<input type="checkbox"/>		
DA 5754-R (Malpractice and Privileges Questionnaire) current	<input type="checkbox"/>	<input type="checkbox"/>		
Section 2				
Item	ON Hand	Pending	PSV	Remarks
Current Privileges Granted (Scope of practice)	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Letter of Recommendation < 2yrs old	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Letter of Recommendation < 2 yrs old	<input type="checkbox"/>	<input type="checkbox"/>		
DA Form 5374-R (Performance Assessment) (current and past)	<input type="checkbox"/>	<input type="checkbox"/>		
Section 3				
Item	ON Hand	Pending	PSV	Remarks
All NPDB reports	<input type="checkbox"/>	<input type="checkbox"/>		
All DA Form 5754-R (Malpractice and Privileges	<input type="checkbox"/>	<input type="checkbox"/>		

Questionnaire)						
Copy of Malpractice Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Malpractice Insurance History Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents of adverse action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of notification regarding malpractice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of decision regarding malpractice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Malpractice claims with peer review determination regarding the standard of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4						
	ON Hand	Pending	PSV	Remarks		
MCE (last 3 yrs) – sponsors locations, dates, CME hours/unit	<input type="checkbox"/>	<input type="checkbox"/>				
Lectures given	<input type="checkbox"/>	<input type="checkbox"/>				
Papers published	<input type="checkbox"/>	<input type="checkbox"/>				
Special activities	<input type="checkbox"/>	<input type="checkbox"/>				
CV dated, signed, NMT 2 yrs old	<input type="checkbox"/>	<input type="checkbox"/>				
Section 5						
	ON Hand	Pending	PSV	Remarks		
ICTB covering the tour, grouped with other privileging documents	<input type="checkbox"/>	<input type="checkbox"/>				
DA Form 5440-R or AR (Delineation of Privileges)	<input type="checkbox"/>	<input type="checkbox"/>				
DA Form 5441-R (Evaluation of Privileges – Specialty)	<input type="checkbox"/>	<input type="checkbox"/>				
DA Form 5374-R (Performance Assessments)	<input type="checkbox"/>	<input type="checkbox"/>				
DA Form 5753-R (USAR/ARNG Application for Clinical Privileges to Perform Active/Inactive Duty Training)	<input type="checkbox"/>	<input type="checkbox"/>				
DA Form 4692-R (Clinical Privileges Annual Evaluation)	<input type="checkbox"/>	<input type="checkbox"/>				
ICTBs/Snapshots from previous assignments (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>				
Additional Historical data (outdated)	<input type="checkbox"/>	<input type="checkbox"/>				
Section 6						
	ON Hand	Pending	PSV	Remarks		
AMA Physician Profile	<input type="checkbox"/>	<input type="checkbox"/>				

BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License, active & inactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEA Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECFMG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate Degrees or Diplomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Education Degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider acknowledgement of DoD physician licensure policy requirements - (MC) Only.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>